

Pro Se 15 (Rev. 12/16) Complaint for Violation of Civil Rights (Non-Prisoner)

## UNITED STATES DISTRICT COURT

for the

middle District of PAScranton DivisionJoel Anson Silbermann

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

-v-

Van McFet All See Attached

Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No. \_\_\_\_\_

(to be filled in by the Clerk's Office)

Jury Trial: (check one) ☒ Yes ☐ NoFILED  
SCRANTON

JUN 01 2020

PER [Signature]  
DEPUTY CLERKCOMPLAINT FOR VIOLATION OF CIVIL RIGHTS  
(Non-Prisoner Complaint)

## NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

☒ Official capacity

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## Defendant No. 3

Name

Harris eirgood

Job or Title (if known)

Attorney At Law

Address

1700 S. Lincoln Ave

Lebanon

City

PA

State

17042

Zip Code

County

Telephone Number

E-Mail Address (if known)

☐ Individual capacity
 ☒ Official capacity

## Defendant No. 4

Name

I need Fresh Air sunlight And

Job or Title (if known)

More Food &amp; am going blind and out

Address

Here

City

State

Zip Code

County

Telephone Number

E-Mail Address (if known)

☐ Individual capacity
 ☐ Official capacity

## II. Basis for Jurisdiction

Under 42 U.S.C. § 1983, you may sue state or local officials for the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." Under *Bivens v. Six Unknown Named Agents of Federal Bureau of Narcotics*, 403 U.S. 388 (1971), you may sue federal officials for the violation of certain constitutional rights.

A. Are you bringing suit against (check all that apply):

☒ Federal officials (a *Bivens* claim)

☐ State or local officials (a § 1983 claim)

B. Section 1983 allows claims alleging the "deprivation of any rights, privileges, or immunities secured by the Constitution and [federal laws]." 42 U.S.C. § 1983. If you are suing under section 1983, what federal constitutional or statutory right(s) do you claim is/are being violated by state or local officials?

C. Plaintiffs suing under *Bivens* may only recover for the violation of certain constitutional rights. If you are suing under *Bivens*, what constitutional right(s) do you claim is/are being violated by federal officials?

VAMC Code of Conduct

Hiring Practices Protected by Americans with Disabilities Act

Dependants cont,

Dr. Smith

1700 S. Lincoln Ave

Lebanon PA 17042

Lebanon County

717 272 6621

Official Capacity

Roxanne Costa OS facial name used As Nursing Director

1700 S. Lincoln Avenue

Lebanon PA 17042

Lebanon County

717 272 6621

Official Capacity

- D. Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under *Bivens*, explain how each defendant acted under color of federal law. Attach additional pages if needed.

please See Attached For Bivens claim

### III. Statement of Claim

State as briefly as possible the facts of your case. Describe how each defendant was personally involved in the alleged wrongful action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If more than one claim is asserted, number each claim and write a short and plain statement of each claim in a separate paragraph. Attach additional pages if needed.

- A. Where did the events giving rise to your claim(s) occur?

See Attached

- B. What date and approximate time did the events giving rise to your claim(s) occur?

See Attached

- C. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

See Attached

In the Court of Pennsylvania  
Federal Court Scranton PA

Joel Aaron Silbermann  
vs.

Civil Action Law

V.A.M.C. Et All Veterans Administration  
And All employers listed

Order to And proceed with In Forma Pauperis

And now this day of March 31st 2020 the Petitioner's  
motion to proceed In Forma Pauperis is granted as to  
the filing fees and costs

~~Plaintiff~~ Plaintiff is indigent in state hospital  
And is unable to pay for court cost to appear  
in court And file lawsuit. I hereby state I am indigent  
And Amotherwise unable to sue on my behalf

By the court

Sincerely

Joel Aaron Silbermann

6/01 or about January 8 I was committed without Adequate  
council And Am detained until they refuse to Allow me  
Housing opportunities outside the VAMC.

(C) Sexual Harassment And quid pro quo will be witnessed  
by my confidential informant Please your Honor  
also was quid pro quo "without meds you don't work  
And will suffer" direct quote by Dr Smith. Staff are  
believing since 1994 Miller v. Gilbermann that "Plaintiff  
is A child Pornographer And belongs castrated on mens  
law"

Defendant will call witnesses who Mr. Gilbermann is  
putting through college As his right to spend his  
GT Bill And welfare Benefit

I Ask the court to send A paid private investigator  
to verify "preferential treatment" to Bob conduct  
discharge who I know since 1994 Act

(IV) I've received Forced Prolixia Adipex Haldol And  
other drugs for mental condition which only monists  
is An institution "AKA schizophrenia". It is Against my  
conscious to take Drugs from me to use to medicate me As  
well As other forms of castration.

(V) I want maximum Jury Awards over one dollar  
As this is not the first time I've Sued the VA or  
the "Actors and Aggressors"



P. Bevins claim et al

I petitioner call to order court to Accuse Above And All witnesses except those helping me File paperwork or gross negligence as to their closed hiring practices which I want stopped immediately. Also note their Blind Sexual Harassment of plaintiff and others with my whistle blower who I intend to call on my behalf. Witness will testify with video of the hiring practices And Blatant sexual harassment of plaintiff And asks for Formal petition for anyone else feeling that the VA will not give them Federal work therapy. And plaintiff and others feel rejected And where able to Apply on USA jobs And obtain through other means. this is an discriminatory practice And needs to stop

### III Statement of claim

Events rose in Lebanon VAMC Dormitory And led to the commitment of ~~to~~ plaintiff Alleging "I need a job Will How long Have I known you for": "All I want is Healing therapy And for the Harassment to stop immediately; Have hostile work environment And and psycho as is or for to take meds. threats where made by staff as to my alleged mental status child porn and raping a 9 year old girl. Please note I slept with several of these women in the dorm in 1997 And have sued previously "see" "Sibermann vs. Miller" U.S. New York State Court.



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**IV. Injuries**

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

*See Attached*

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**V. Relief**

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

*See Attached*

**VI. Certification and Closing**

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

**A. For Parties Without an Attorney**

I agree to provide the Clerk's Office with any changes to my address where case-related papers may be served. I understand that my failure to keep a current address on file with the Clerk's Office may result in the dismissal of my case.

Date of signing: 3-31-2020

Signature of Plaintiff

Printed Name of Plaintiff

Tori Aaron Silbermann

**B. For Attorneys**

Date of signing: \_\_\_\_\_

Signature of Attorney

Printed Name of Attorney

Bar Number

Name of Law Firm

Address

Please Hire me Council your Honor  
I am pro se and indigent  
pay will be negotiated upon approval  
of my lawyers with the loss ratio  
within one year

City

State

Zip Code

Telephone Number

E-mail Address

# CONCERN/COMPLAINT FORM

If you have a concern about the care we provide, these are the steps you can take to help resolve the issue.

## STEP 1

Write the problem below and present it to a member of the treatment team. The treatment team will address the concern with you and provide a response.

Problem:

Staff will not let me call my friend. BF and all friends that are participating in rehab. Not to my credit? Staff are not helpful. Not here. All staff are to stop making things

Joel Umberger 5-17-20  
Your Signature / Date

Response:

Joel Umberger  
Signature of Treatment Team Member / Date

## STEP 2

If you are satisfied with this response, please sign and date below and give this form to a treatment team member.

Joel Umberger  
Your Signature / Date

## STEP 3

If you are not satisfied with this response, you can be referred to the Patient Advocate. Ask a member of your treatment team to call extension 5918 for an appointment. At the time of your appointment, take this form with you. Joel Umberger, the Patient Advocate, is located in Building 1, Room 144.

Thank you for taking the time to let us know how you feel. We want to use this information to improve our services to you.

## STEP 1

**Problem:**

**Your Signature / Date**

**Response:**

Signature of Treatment Team Member / Date

## STEP 2

If you are satisfied with this response, please sign and date below and give this form to a treatment team member.

Your Signature / Date

### STEP 3

If you are not satisfied with this response, you can be referred to the Patient Advocate. Ask a member of your treatment team to call extension 5918 for an appointment. At the time of your appointment, take this form with you. Joel Umberger, the Patient Advocate, is located in Building 1, Room 144.

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# CONCERN/COMPLAINT FORM

If you have a concern about the care we provide, these are the steps you can take to help resolve the issue.

## STEP 1

Write the problem below and present it to a member of the treatment team. The treatment team will address the concern with you and provide a response.

Problem:

Why are they giving extra to when you inspection of Mr. plus they the person bills a...  
Man of the I would not need to...  
Please tell me properly...  
...  
Your Signature / Date

Response:

Signature of Treatment Team Member / Date

## STEP 2

If you are satisfied with this response, please sign and date below and give this form to a treatment team member.

Your Signature / Date

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Thank you for taking the time to let us know how you feel. We want to use this information to improve our services to you.

Joe Silberman  
1700 S. Lincoln Ave  
Lehman PATTONS  
ATT 13B

RECEIVED  
SCRANTON

JUN 01 2020

PER CLERK DEPUTY

United States middle district court  
William T. Nelson Federal Bldg. @ U.S. Courthouse  
235 North Washington Ave  
P.O. Box 1148  
Scranton PA 18501-1148

